STATE OF CALIFORNIA
Electronic Recording Delivery System (ERDS)
Attachment To ERDS 0002
Computer Security Auditor Significant
Experience Reference(s)

ERDS 0004 (Rev. 02/07)



Electronic Recording Delivery System Attachment To ERDS 0002 Computer Security Auditor Significant Experience Reference(s)

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED.

	DEPARTMENT OF JUSTICE
difornia	Justice Information Services Division

DOJ USE ONLY

California Justice Information Services Division
CJIS Operations Support Bureau

Electronic Recording Delivery System Program

Cert #
Date rec'd

Analyst

Tracking # HDC date

Response date

Telephone: (916) 227-8907 FAX: (916) 227-0595 E-mail: erds@doj.ca.gov

REFERENCE # 1 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.				Rev.	
REFERENCE #1 REFERENCE COMPANY NAME CONTACT NAME CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. (ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE #2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # (Approved Denied	
REFERENCE #1 REFERENCE COMPANY NAME CONTACT NAME CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. (ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE #2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # (() ADDRESS CITY STATE ZIP CODE		[
REFERENCE COMPANY NAME CONTACT NAME CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. (ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.		AUI	DITOR NAME		
ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE # 2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	REFERENCE#1				
ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. **ATTACH ADDITIONAL SHEET AS NEEDED)** **REFERENCE # 2* REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # (REFERENCE COMPANY NAME	CONTACT NAM	CONTACT NAME		TELEPHONE #
PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS # DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS # DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	ADDRESS	CITY	CITY		(/
DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT. ATTACH ADDITIONAL SHEET AS NEEDED) REFERENCE # 2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	ADDRESS	CITT		SIAIE	ZIF CODE
REFERENCE # 2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	PROJECT NAME AND/OR DESCRIPTION		DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS
REFERENCE # 2 REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.		ON THE PROJECT	I		
REFERENCE COMPANY NAME CONTACT NAME TELEPHONE # () NDDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	ATTACH ADDITIONAL SHEET AS NEEDED)				
ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	REFERENCE#2				
ADDRESS CITY STATE ZIP CODE PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	REFERENCE COMPANY NAME CONTAC		T NAME		TELEPHONE #
PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	ADDDEGO.				
DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	ADDRESS	CHY		SIAIE	ZIP CODE
	PROJECT NAME AND/OR DESCRIPTION		DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS
ATTACH ADDITIONAL SHEET AS NEEDED)	DENTIFY THE TASKS AND SERVICES PERFORMED	ON THE PROJECT.	1		
ATTACH ADDITIONAL SHEET AS NEEDED)					
ATTACH ADDITIONAL SHEET AS NEEDED)					
	ATTACH ADDITIONAL SHEET AS NEEDED)				
REFERENCE #3	REFERENCE#3				
REFERENCE COMPANY NAME CONTACT NAME TELEPHONE #	REFERENCE COMPANY NAME	CONTACT NAM	CONTACT NAME		TELEPHONE #
()					()
ADDRESS CITY STATE ZIP CODE	ADDRESS	CITY		STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION DATE OF EMPLOYMENT/SERVICE # OF YEARS/MONTHS	ROJECT NAME AND/OR DESCRIPTION		DATE OF EMPLOYMENT/SERVICE		# OF YEARS/MONTHS
DENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT.	DENTIFY THE TASKS AND SERVICES PERFORMED	ON THE PROJECT.			